								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								<u>'</u>	10	20	22	38
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY
TC	OTAL CLAIMS	,	40				7	RATE	FEE	7.	RATE	FEE
FO)A		NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC F	EE 385.00	OR	BASIC FEE	770.00
TC	OTAL CHARGEA	ABLE CLAIMS	44 mir	44 minus 20=		. 26		XS 9:		OR	11242	alex
	DEPENDENT C		10	minus 3 =				X43=	1	OR	X86=	red
MU	ILTIPLE DEPEN	NDENT CLAIM P	RESENT	RESENT				+145:		OR	+290=	
•*11	the difference	e in column 1 is	less than z	ero, enter	r "O" in r	column 2		TOTAL	1	OR	TOTAL	
. CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							3)_	SMAL	L ENTITY	OR	OTHER SMALL	
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	IBER OUSLY	PRESENT EXTRA]	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	· 46	Minus		L6	-	1	X\$ 9=		OR	X\$18=	1.1
MEN	Independent	· 8_	Minus	***	\$	=]	X43=	1	OR	X86=	-
V.		ENTATION OF MI					ן כ		1-	1		
	54	7.54 ie	2 -71	-74.	.sv -	'& &		+145=		OR	+290=	Н_
	47							ADDIT, FE		OR	ADDIT, FEE	Ц_
_		(Column 1)		(Colum		(Column 3)	<u>)</u>			• 1		
ENT B		REMAINING AFTER AMENDMENT		MUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 19	Minus	4	14	- /][X\$ 9=		OR	X\$18=	
AME	Independent	• 4	Minus	AAA	8	•/	4 [X43=		OR	X86= ·	<u></u>
لا	FIRST PHESE	ENTATION OF ML	JETIPLE DEF	ENUEN			۱ ۲	+145=		OR	+290=	
					.•			TOTA		OR	TOTAL ADDIT FEE	
İ	•	(Column 1)	:	(Colum	mn 2)	(Column 3)		Wen	-	30 -	AUGINT CO.	
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	ESY BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	- 19	Minus	-4	10	• /.	11	X\$ 9-	1 1	OR	X\$18=	
皇	Independent	• 4	Minus	.444	8	7]	X43=	1	OR	X86=	
	FIRST PRESE	NTATION OF ML	JLTIPLE DEP	ENDENT	CLAIM]		 	Un		i
		The San B				• 4	L	+145=		OR	+290=	
- n	If the "Highest Num	rnn 1 is less than th rnber Previously Pa	aid For IN THIS	3 SPACE is	s less ther	an 20, enter 720).* A	TOTAL LOCAL FEE		OR,	TOTAL ADDIT. FEE	
-	J the "Highest Must The "Highest Must	moer Previously Painter Previously Pain	id For Writing d For (Total or	3 SPACE 13 Independe	s less the ent) is the	A 3, enser 3. ; highest numb	er four	nd in the e	ppropriate box	r in cot	umn 1.	